

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 14143
Application ID: 09683967
Title of Invention: MICROMACHINED LYSING DEVICE
AND METHOD FOR PERFORMING
CELL LYSIS
First Named Inventor: Douglas Sparks
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-03-07
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: A1-1423
Digital Certificate Holder: cn=Domenica N. S. Hartman, ou=Registered Attorneys, ou=Patent
and Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: L+APtGg2pRyeLdvct3ZD6w==
Total Fees Authorized: \$1794.0
Payment Category: DA - Deposit Account
Deposit Account Number: 80960
Deposit Account Name: Domenica N.S. Hartman



TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

A1-
1423

Submission Type: Utility Patent
Filing

MICROMACHINED LYSING DEVICE AND METHOD FOR PERFORMING CELL LYSIS

First Named Inventor: Mr. Douglas Ray Sparks

SUBMITTED BY

Name:

Mrs. Domenica N.S. Hartman

Registration Number:

32701

Electronic Signature Mark:

Date Signed: 20020307

Domenica N.S. Hartman

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

A1-1423-DEC-p1.tif

declaration

A1-1423-DEC-p2.tif

Comments:

1. The applicant has not provided a copy of the proposed project description, which is required for the review of the application. The applicant is requested to provide a copy of the proposed project description to the Department of Health and Human Services, Office of the Secretary, at the address listed below, within 30 days of the date of this letter. If the applicant fails to provide a copy of the proposed project description within the specified time frame, the application will be deemed withdrawn and the applicant will be ineligible to receive funding for the proposed project.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	A1-1423
First Named Inventor	Douglas Ray Sparks
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROMACHINED LYSING DEVICE AND METHOD FOR PERFORMING CELL LYSIS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the U States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which prior claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

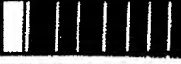
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comment the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label 		OR <input type="checkbox"/>		Correspondence address below	
27127 PATENT TRADEMARK OFFICE							
Name							
Address							
City				State		ZIP	
Country			Telephone			Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor			
Given Name Douglas Ray (first and middle [if any])				Family Name Sparks or Surname			
Inventor's Signature <i>Douglas Ray Sparks</i>				Date 2/28/02			
Whitmore Lake Residence: City			MI State	US Country		US Citizenship	
Mailing Address 9024 Posey Dr.							
City Whitmore Lake			State MI	ZIP 48189		Country US	
NAME OF SECOND INVENTOR: <input type="checkbox"/>				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City			State	Country		Citizenship	
Mailing Address							
City			State	ZIP		Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

[Page 2 of 2]

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Douglas Ray Sparks
Title	MICROMACHINED ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	A1-1423

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Douglas Ray Sparks
Signature	<i>Douglas Ray Sparks</i>
Date	2/28/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one forms submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1794

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 080960



Deposit Account Name: Hartman and Hartman, P.C.

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Domenica N.S. Hartman

Electronic Signature Mark: Domenica N.S. Hartman

Date Signed: 20020307

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 53	103	\$ 18	33	\$ 594
Independent Claims: 8	102	\$ 84	5	\$ 420

Subtotal For Extra Claims Fees: \$ 1014

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40